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CUSTOMER NUMBER 22850

Commissioner for Patents P.O. Box 1450

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				(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/642 097	07/12/2005	Words Mark	271500U0CDCT	1122			

10/542,087	07/13/2005		Yusuke Nanjo	2	71580US6PCT	1132		
TITLE OF INVENTION	N: ZOOM LENS AND IN	IAGE PICKUP APPARA	ATUS					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/30/2008		
EXAMINER		ART UNIT	CLASS-SUBCLASS					
DINH, JACK		2873	359-687000					
1. Change of correspond	lence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, list	011			
CFR 1.363).			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.					2 McClell	and, Maier		
☐ "Fee Address" indication (or "Fee Address" Indication form			registered attorney or agent) and the names of no to					
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2 registered patent attorneys or agents. If no name is 3 & Neustadt, P.C. listed, no name will be printed.					
3. ASSIGNEE NAME /	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)				
PLEASE NOTE: Un recordation as set for	lless an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assignee detion of this form is NO	data will appear on the port a substitute for filing an	atent. If an assignee is to assignment.	lentified below, the docu	ment has been filed fo		
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
SONY CO	RPORATION		Tokyo, J	apan				
m						По		
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government								
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)								
Issue Fee			A check is enclosed.					
			Payment by credit card. Transmitted via EFS-Web.					
Advance Order - # of Copies 2 -			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).					
5. Change in Entity Sta	tus (from status indicate	i above)						
a. Applicant clain	ns SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 CFR	1.27(g)(2).		
NOTE: The Issue Fee as interest as shown by the	nd Publication Fee (if required of the United Sta	uired) will not be accepte	d from anyone other than to Office.	he applicant; a registered :	attorney or agent; or the a	ssignee or other party is		
		1/1			SEP 2 9 2008			
Authorized Signature	X TOURS V	W.		Date	OL: D & 2000			

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